24. <u>EDUCATIONAL QUALIFICATIONS</u> (Please only mention Graduation and above)

SI. No.	Qualification	Subject (1) Subject (2)	Year / Division	Institution University Place Country
1				Country
2				
3	,		:	

25. TRAINING DETAILS (Please mention trainings of duration of only more than 1 month)

Sl. No.	(i) Training Name (ii) Institute (iii) Country	Training related to Specialization in Subjects	From Date To Date
1			
2			
3			
,			

EXPERIENCE DETAILS 26.

(Please provide up to date experience details)

SI. No.	(i) Level/Pay Scale (ii) Designation	Ministry Department Office Place	Field of experience acquired during the posting (Major & Minor)	Tenure From & Tenure To
1				
2				
3				
4				
5				

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(Signature)

To be filled by the Cadre Controlling Authority

(This should be filled by the competent authority as prescrib

It is certifie

ed in the letter)	ithority of State Govt. / Cadre Controlling Authority			
ed that the above information given is correct as per record.				
	Signature:			
	Name:			
	Designation:			

ANNEXURE - II

TO BE FILLED BY THE CADRE CONTROLLING AUTHORITY NAME OF THE OFFICER:

SERVICE:

CADRE:

BATCH:

Date of Birth:

- 1. Whether any disciplinary proceedings have been initiated against the officer during his career, so far. if yes, details thereof
- 2. Whether any complaint including that of corruption, against the officer, which in the view of the State Government/Cadre Controlling Authority may have a direct bearing/relevance on the vigilance status/Integrity of the officer as on date, is pending against the officer. If so, details thereof.
- 3. Whether any preliminary inquiry or any other vigilance related matter is pending against the officer. If so, full facts of the pending matter.
- 4. Whether any criminal proceedings were registered against the officer during his career so far. If so, the details/present status and the final out come thereof.
- 5. Whether the name of the officer appears in the Agreed List.

Signature of the officer certifying the proforma

Name

Designation

Stamp